

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.

101119353

FILING DATE

APPLICANT(S)

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		NO.	IND.	DEP.	NO.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/		/		/		51	Q				
2	/		/		/		52					
3			/				53					
4			/				54	/				
5	4		/				55					
6			/				56					
7			/				57	/				
8			/				58					
9			/				59					
10			/				60					
11			/				61					
12			/				62					
13			/				63					
14			/				64					
15			/				65					
16			/				66					
17			/				67					
18			X				68					
19							69					
20	/						70					
21			/				71					
22	/		/				72					
23			/				73					
24			/				74					
25			/				75					
26			/				76					
27			/				77					
28			/				78					
29			/				79					
30			/				80					
31	X		X				81					
32			X				82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	9						TOTAL IND.					
TOTAL DEP.	100						TOTAL DEP.					
TOTAL CLAIMS	109						TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS